

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4564AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/12/2010
NAME OF PROVIDER OR SUPPLIER JTM GROUP CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1435 AKARD DRIVE RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation and observations reported by Agency #1 on 7/12/10 and by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The following deficiencies were identified: Complaint #NV00025861 was substantiated. See Tag Y895, Tag Y920 and Tag Y923.	Y 000		
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the	Y 895		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 920	Continued From page 2 medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observations reported by Agency #1 on 6/25/10, the facility failed to ensure medications belonging to the residents were secured in a locked container. Severity: 2 Scope 3	Y 920			
Y 923 SS=F	449.2748(3)(b) Medication Container NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered. This Regulation is not met as evidenced by: Based on reported observation by Agency #1 on 6/25/10, the facility failed to keep resident medications in original containers until administered. Severity: 2 Scope: 3	Y 923			

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